

Instructions: Please complete this form and submit, including a 1st year licensing fee of **\$300.00**, to the Division of Finance, 301 West High Street, Room 630, P.O. Box 716, Jefferson City, MO 65102. **Fee applies to each location transacting business.** For questions, contact the Consumer Credit Licensing Section, 573-751-3463.

MISSOURI DIVISION OF FINANCE**Renewal Application for
Consumer Credit Loans
Small Loan Certificate of Registration
Chapter 367 License****OFFICE USE ONLY****367** – ____ – ____ **Rec#** _____

Check No.

Amount: \$

Date:

Initials:

****IF NOT RENEWING** – Please check, provide appropriate information, and **return to the above address.**☐ Ceased lending activities ☐ Closed location ☐ Sold to: _____**Information as listed on current license:****Company Name:****License Number:****Street Address:****City:****State:****Zip:****Telephone:****Fax:****County (MO only):**☐ Please check if above Licensed Location information is **correct**.**Internet Operation?** ☐ Yes ☐ No If Yes, web site address _____☐ Check if above Licensed Location information is changed or incorrect and enter correct information below:**Company Name:** _____**Street Address:** _____**City:** _____ **State:** _____ **Zip:** _____**Telephone:** _____ **Fax:** _____ **County (MO only):** _____**Hours of Operation:****Contact Person for
Licensing/Renewal
Issues:**

Name/Title:

Mailing Address:

City/State/Zip:

Telephone: ()

Fax: ()

E-Mail:

**Person to Receive
Examination Reports:**

Name/Title:

Mailing Address:

City/State/Zip:

Telephone: ()

Fax: ()

E-Mail:

**Contact Person for
Consumer Inquiries/
Complaint Issues:**

Name/Title:

Mailing Address:

City/State/Zip:

Telephone: ()

Fax: ()

E-Mail:

Company Home Office Information (if applicable)	Name:	
	Street Address:	
	Mailing Address:	
	City/State/Zip:	
	Telephone: ()	Fax: ()

OWNERSHIP: If applicant is: **Individual**, complete Section I. **Partnership**, complete Section II(a). **Corporation or LLC**, complete Sections II(a) and II(b)

I. INDIVIDUAL	Name:		Phone Number: ()
	Residence Address:		
	Business Address:		
II(a). PARTNERSHIP, ASSOCIATION <u>OR</u> CORPORATION	Name:		Phone Number: ()
	Principal Business Address:		
Names, Titles of Partners/Officers	Business Address	Residence Address	
II(b). If CORPORATION	Date of Incorporation:		
	Principal Office in Missouri (if applicable):		

STATEMENT: The undersigned, first being duly sworn, states that (s)he is a(n) (officer) (principal) (partner) (authorized representative) in the above-named company and that facts contained in the foregoing application are true.

(Signature)(Officer/Title, Partner)